

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA
CHARLOTTE DIVISION
Civil Action No. 3:20-cv-518

MARJORIE ACEVEDO,

Plaintiffs,

v.

TEUPEN NORTH AMERICA, INC.

Defendants.

AFFIDAVIT OF SERVICE

NOW COMES L. Michelle Gessner, being over the age of eighteen (18) years and first being duly sworn, and deposes and states as follows:

That a copy of the **Complaint [Doc 1]** **Summons in a Civil Action [Doc 2]**, and **Initial Case Assignment Packet** in above-captioned matter, were deposited with the United States Postal Service, registered certified mail, signature required, to Defendant Teupen North America, Inc. ("Defendant") at the address of its registered agent on file with the North Carolina Secretary of State. Said copies of the aforementioned pleadings were in fact received and signed for by Defendant on September 23, 2020 as evidenced by the executed return receipt attached hereto as Exhibit A.

(Remainder of Page Intentionally Left Blank)

FURTHER, THE AFFIANT SAYETH NOT.

This the 29thday of September 2020.

L. Michelle Gessner

L. Michelle Gessner, NC State Bar No. 26590
GESSNERLAW, PLLC
Post Office Box 78161
Charlotte, North Carolina 28271
Telephone: (844) 437-7637; Fax: (980) 206-0286
E-Mail: michelle@mgeschnerlaw.com

Sworn and subscribed before me this the

29th day of September, 2020.

NOTARY PUBLIC

Laura Glinka
Laura Glinka

My Commission Expires: July 4, 2024



EXHIBIT A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><input checked="" type="checkbox"/> Complete Items 1, 2, and 3.<input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery 9-23-16</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: <p>Leupen NA, Inc Attn: Albert Guarnieri, RA 401 S Tryon St, Ste 3000 Charlotte NC 28202</p>  9590 9402 5514 9249 1173 96		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
2. Article Number (Transfer from service label) 7019 2280 0001 3495 7787		Domestic Return Receipt	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt